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## Evaluating the Effect of Exposure to Challenging Fat Talk Scenarios on Body Disparaging Conversations

Wafa Jamilur Rehman

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جامعة الإمارات العربية المتحدة  
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College of Humanities and Social Sciences

Department of Psychology and Counseling

EVALUATING THE EFFECT OF EXPOSURE TO CHALLENGING  
FAT TALK SCENARIOS ON BODY DISPARAGING  
CONVERSATIONS

Wafa Jamilur Rehman


This thesis is submitted in partial fulfilment of the requirements for the degree of  
Master of Science in Clinical Psychology

Under the Supervision of Dr. Zahir Vally

April 2019

### Declaration of Original Work

I, Wafa Jamilur Rehman, the undersigned, a graduate student at the United Arab Emirates University (UAEU), and the author of this thesis entitled "*Evaluating the Effect of Exposure to Challenging Fat Talk Scenarios on Body Disparaging Conversations*", hereby, solemnly declare that this thesis is my own original research work that has been done and prepared by me under the supervision of Dr. Zahir Vally, in the College of Humanities and Social Sciences at UAEU. This work has not previously been presented or published or formed the basis for the award of any academic degree, diploma or a similar title at this or any other university. Any materials borrowed from other sources (whether published or unpublished) and relied upon or included in my thesis have been properly cited and acknowledged in accordance with appropriate academic conventions. I further declare that there is no potential conflict of interest with respect to the research, data collection, authorship, presentation and/or publication of this thesis.

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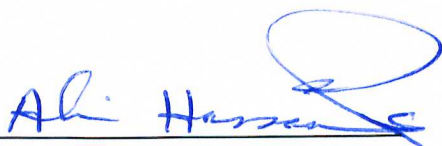
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## **Abstract**

Disparaging conversations about body shape and weight has become increasingly common among peers. Fat-talk engagement and its predictors are still unclear. The study examined women's reactions to fat-talk versus feminist-theory inspired challenging fat-talk scenarios via experimental vignettes. Ninety-two undergraduate female students from United Arab Emirates University (UAEU) completed baseline questionnaires that assessed their levels of body dissatisfaction (Eating Disorder Inventory-2- Body Dissatisfaction subscale), fat talk engagement (Negative Body Talk Scale) and mood (Positive and Negative Affect Schedule). One week later, they were randomized to view one of the two scenarios, followed by assessment of their fat talk engagement (Negative Body Talk Scale- Body Concerns scale), mood, and social likeability (Interpersonal Attraction Scale- Social Attraction subscale). Results indicated no significant impact of experimental condition on subsequent fat talk. Social likeability of the target character was reported higher in the challenge condition. Finally, baseline fat talk significantly predicted post-exposure engagement in fat talk. The current findings offer insights into women's perceptions of and predictors for engaging in fat talk.

**Keywords:** Fat-talk Engagement, Body Dissatisfaction, Social Likeability, Challenging Fat-talk, UAEU.

## Title and Abstract (in Arabic)

### تقييم تأثير التعرض لسيناريوهات متحدية من الحديث عن الدهون على المحادثات

#### المستخفة عن الجسم

##### الملخص

أصبحت المحادثات المستخفة حول شكل الجسم ووزنه شائعة بشكل متصاعد بين الأقران، إلا أن المشاركة في الحديث عن الدهون وتنبئاتها لا تزال غير واضحة. فهذه الدراسة تحلل انفعالات النساء من الحديث عن الدهون مقابل سيناريوهات الحديث عن الدهون المتحدية والمستوحاة من النظرية النسوية، من خلال مقالات قصيرة تجرّبية. وقد قامت اثنتان وتسعون طالبة في المرحلة الجامعية من جامعة الإمارات العربية المتحدة بتعبئة استبيانات أساسية والتي قُيِّمت مستوياتهن في عدم رضاهن لاجسامهن (الجرد من اضطراب الأكل - ٢ - مقياس فرعي لعدم الرضا للجسم)، المشاركة في الحديث عن الدهون (مقياس النقاش السلبي عن الجسم) والمزاج (جدول التأثير الإيجابي والسلبي). وبعد أسبوع واحد، تم اختيارهم بصورة عشوائية لعرض واحد من السيناريوهات، وبالتالي لتقييم مشاركاتهم في الحديث عن الدهون (مقياس النقاش السلبي عن الجسم - مقياس الاهتمامات عن الجسم)، المزاج، والاعجاب الاجتماعي (مقياس الجذب الشخصي - مقياس الجذب الاجتماعي). أما النتائج فقد أشارت إلى عدم تأثر مهم للحالة التجريبية على المحادثات اللاحقة عن الدهون. وقد تم العثور على أن الإعجاب الاجتماعي للشخصية المستهدفة بشكل أعلى في حالة التحدي. وأخيراً، تنبأت المحادثات الأساسية عن الدهون بشكل كبير بمشاركة ما بعد التعرض للحديث عن الدهون. فتقدم النتائج الحالية نظرة ثاقبة عن تصورات المرأة وتنبئاتها للانخراط في الحديث عن الدهون.

**مفاهيم البحث الرئيسية:** المشاركة في الحديث عن الدهون، عدم الرضا للجسم،

الاعجاب الاجتماعي، الحديث المتحدي عن الدهون، جامعة الإمارات العربية المتحدة.

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Nobody has been more important to me in the pursuit of this project than the members of my family. I would like to thank my parents; whose love and guidance are with me in whatever I pursue. They are the ultimate role models.

## Dedication

*To my beloved parents and family*

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### **List of Abbreviations**

BMI	Body Mass Index
EDI-BD	Eating Disorder Inventory- Body Dissatisfaction
IAS-SA	Interpersonal Attraction Scale- Social Attraction
NBT	Negative Body Talk
NBT-BC	Negative Body Talk- Body Concerns
PANAS	Positive and Negative Affect
UAE	United Arab Emirates
UAEU	United Arab Emirates University

## **Chapter 1: Introduction**

### **1.1 Overview**

Individuals are known to evaluate and alter their physical appearance. According to Wade, Keski-Rahkonen, and Hudson (2011), approximately 20 million women suffer from clinically significant eating disorders during their lifetime. Body image is greatly distressful for many individuals in the western world. Researchers first noted body dissatisfaction about 30 years ago where it had become so common in the United States that it was labeled as normative discontent. According to Cash and Pruzinsky (2002), body image is multidimensional in that it reflects the individual's perceptions as well as their attitudes in relation to their physical appearance. They also found that the number of women dissatisfied with their bodies has steadily increased over the years. In the U.S, thinness and beauty are often equated (Smolak & Levine, 1996). Therefore, the multitudes of women who do not fit into the thin category suffer from body dissatisfaction (Smolak & Levine, 1996). Body dissatisfaction is related to several detrimental consequences like low self-esteem, eating disorders and depression (Cash & Pruzinsky, 1990).

Mass media such as magazines, television and social media have generally been credited with being the major source of thin-promoting messages (Wade, 2016). Interpersonal conversations between individuals also contribute to the increase in body dissatisfaction. These interpersonal conversations were first studied by Nichter and Vurkovic (1994). They studied the ways in which middle and high school females spoke to each other regarding their bodies and found that many young females degraded themselves in front of their peers by commenting negatively on their bodies. Once these conversations were initiated, generally a peer would chime in and discuss the ways in which she too, was fat.

Fat talk pertains to body dissatisfaction and eating behavior. It involves conversations that degrade others' body weight and shape as well of one's own (Nichter, 2000). According to Salk and Engeln-Maddox (2011), fat talk is a mutual conversation that degrades one's size or shape and generally occurs between women of all ages. These conversations revolve around four themes; exchanging diet or exercise tips, expressing fear of becoming fat, comparing eating or exercise behaviors, and finally, evaluating the appearance of someone not present (Corning & Gondoli, 2012). Clarke, Murnen, and Smolak (2010) also found three topics that most commonly arise during such fat talk; talk about one's body shape, current eating or exercise patterns and future weight. Fat talk is now increasingly common and has become socially acceptable in society. Ousley, Cordero, and White (2007) found that these disparaging conversations center around the following basic themes amongst undergraduate students; fears of becoming overweight, self-comparison to ideal eating and exercise habits, strategies for replacing meals and building muscles, comparing one's eating and exercise habits of others. The most common theme was the evaluation of others' appearance who are absent from the conversations. Stice, Maxfield, and Wells (2003) found that hearing another woman engage in fat talk about herself results in adverse effects on body dissatisfaction among undergraduate students.

Nichter (2000) conceptualizes fat talk not just as body dissatisfaction but rather as a social norm. Adolescent females who participated in the study by Nichter (2000) posited that engaging in fat talk was a way of fitting in, maintaining social relationships, seeking support from their female counterparts, affirming their similar values, and expressing feelings of sadness or generally having had a bad day. These females were predominantly white and had an average body size. It was also found that some of the adolescent participants engage in fat talk prior to eating as a

preemptive apology for indulging. Salk and Engeln-Maddox (2011) found similar motivations among the adult female population with the addition of seeking validation, support and conforming to group norms. Regardless of the social function of fat talk, it is related to several maladaptive outcomes including body dissatisfaction, body checking, disordered eating, drive for thinness, perceived pressure to be thin, guilt and depression (Salk & Engeln-Maddox, 2011; Salk & Engeln-Maddox, 2012).

Women diagnosed with eating disorders repeatedly engage in social comparisons and are generally more likely to engage in fat talk than women who have never been diagnosed with an eating disorder (Ousley, Cordero, & White, 2007). Generally, average, normal-weight women engage in fat talk conversations more often (Salk & Engeln-Maddox, 2011) than larger women as they might not want to draw attention to themselves or their body shape and size (Nichter, 2000).

Eating disorders were mostly culturally bound and their appearance in non-western cultures is largely linked to globalization and the spread of western sociocultural influences (Prince, 1985). Gordon (2001) proposed that there are certain factors that are characteristic of non-western nations where eating disorders are on the rise. These factors include; highly developed economies, or economies witnessing rapid change; global culture where slenderness of the female body is emphasized; mass access to education and roles in public life for females with associated conflicts between traditional female gender roles and submissiveness to men; and lastly, new patterns of eating that is associated with eating calorie-dense foods and leading a sedentary lifestyle. These socio-cultural factors are characteristic of contemporary United Arab Emirates (UAE). The UAE is rapidly growing and has had massive cultural transitions. The country can be described as an environment of rapid economic, social and technological change.

## **1.2 Statement of the Problem**

Nowadays, body dissatisfaction has become the norm among young women. It not only triggers several negative emotions but also results in the maintenance of eating disorders. Fat talk is a new area of research that pertains to body dissatisfaction and eating behavior. It involves conversations that degrade others' body weight and shape as well of one's own (Nichter, 2000). According to Salk and Engeln-Maddox (2011), approximately 90% of undergraduate females have reported engaging in fat talk with their friends as well feeling pressured to engage in fat talk. Traditionally, in Middle-Eastern countries, plumpness was considered beautiful. However due to the rapid growth and massive cultural transition, a much thinner body image is now considered desirable (Musaiger, Bin Zaal & D'souza, 2012). Although research has been conducted around fat-talk, the vast majority of the participants have been Caucasian undergraduate university students. There is little to no research conducted around fat-talk in the UAE or the neighboring middle-eastern countries. Therefore, the goal of this research is to investigate women's reactions to fat-talk and feminist theory-inspired opposition to fat-talk conversations via experimental vignettes.

## **1.3 Relevant Literature**

### **1.3.1 Body Image**

Body image as a construct has been studied for over decades and the research is still ongoing and continually evolving. Body image relates to a person's physical appearance. Schilder (1950) was one of the first to define body image and described body image as the way in which one's body appears to oneself and how people perceive and picture their bodies in their mind.

Rucker and Cash (1992) further found that body image includes two major components; attitudinal and perceptual body image. Attitudinal body image pertains

to feelings, thoughts, affect and behaviors about one's appearance and size whereas perceptual body image was defined as the way in which one perceives the size of one's body in addition to cognitive distortions and societal influences (Rucker & Cash, 1992).

Research on body image is abundant in the western world. Conversely, body image research in Middle Eastern countries is scant but the few investigations that have been conducted here appear to suggest that body image dissatisfaction may similarly be a burgeoning issue for women resident in this part of the world. For example, Eapen, Mabrouk, and Bin-Othman (2006) observed the disordered eating patterns of adolescent girls in the UAE and found that 23.4% of the sample reported engagement in disordered eating habits. They also found that 66% of the sample thought they were overweight. Similarly, according to Thomas, Khan, and Abdulrahman (2010), 78% of their female participants were dissatisfied with their current shape, and this dissatisfaction, in addition to thinner body-ideals, were associated with abnormal and disordered eating habits. In other Middle-Eastern countries, researchers have also found body image dissatisfaction to be prevalent. In Kuwait, television provided the most significant body size ideal (Musaiger & Al-Mannai, 2013), while, in Jordan, Mousa, Mashal, Al-Domi, and Jibril (2010) reported that 21.2 % of their sample exhibited body image dissatisfaction.

These studies provide preliminary evidence that body image dissatisfaction, and the disordered eating habits that typically follow this phenomenon, are prevalent in the Middle East as well as in the UAE more specifically. This also points to the ever-increasing impact of globalization and the growing influence of western sociocultural norms in this region of the world (Thomas, Khan, & Abdulrahman, 2010).

### 1.3.2 Fat Talk

Researchers posit that beauty standards are typically communicated through media and via speaking about dissatisfaction with one's body within the context of in-person social interactions with others (e.g., Slevec & Tiggemann, 2011). These conversations were termed 'fat talk' by Nichter (2000). Presently, fat talk is described as any conversation among peers that mutually degrades the size and shape of their or someone else's body (Salk & Engeln-Maddox, 2011). Clarke, Murnen and Smolak (2010) found that fat talk conversations revolve around current and future weight, body shape, and eating behaviors.

Fat talk is generally more common in females than in males (Martz, Petroff, Curtin, & Bazzini, 2009). Martz et. al. (2009) also found that adolescent and young adult females are generally more likely to engage in fat talk compared to older women. This practice of fat talk usually starts in middle school, as this is the time when girls undergo changes in their bodies, and the practice typically persists into high school and college years (Nichter, 2000).

Fat talk is socially acceptable and is described by some researchers as a social phenomenon that takes place in a group dynamic wherein negative comments about oneself are followed by responses of self-degradation (Corning & Gondoli, 2012). In a study conducted by Britton, Martz, Bazzini, Curtin and LeaShomb (2006), participants predicted how women would respond after reading fat talk conversations. The most common prediction by both males and females was that the woman would degrade herself as opposed to saying nothing or praising herself. In another study, Tompkins, Martz, Rochlean and Bazzini (2009) found that there is a social pressure that predicts if women will speak positively or negatively about their bodies and this depends on how the rest of the group discusses their bodies. Therefore, if the woman

is in a group that speaks positively about their bodies, the woman is more likely to have a more positive outlook. Furthermore, Salk and Engeln-Maddox (2011) discovered that women would most commonly respond with an attempt to convince their fat-talk peer that they are not fat.

### **1.3.2.1 Prevalence**

Fat talk is a phenomenon that affects multitudes of people from different genders, cultures, weights and eating disorders. Salk and Engeln-Maddox (2012) found that 93% of their undergraduate female participants reported that they engage in fat talk. Similarly, Jones, Crowther, and Ciesla (2014) found that 96.9% of their undergraduate female sample reported engaging in fat talk. Males and females all over the world report higher exposure to fat talk than self-accepting body talk as is affirmed by this study. In a study, it was found that 31% of females and 11% of males reported high exposure to negative body talk whereas only 11% of females and 8% of males reported a high likelihood of hearing self-accepting body talk. Finally, 8% of females and 8% of males reported high exposure to positive body talk (Martz et al., 2009).

According to Salk and Engeln-Maddox (2011), women engage in fat talk because they feel pressured and are under the impression that all their peers do it. Nichter (2000) discovered that girls that are of normal weight are most comfortable engaging in fat talk. Similarly, Salk and Engeln-Maddox (2011) found that 86% of the female participants described someone with below average or average weight when asked to imagine a fat talk episode wherein a female friend was complaining about feeling overweight. In a contrasting study conducted by Martz et al. (2009), it was found that women of all body shapes and sizes including underweight, normal weight, overweight and obese women experienced the pressure to engage in fat talk. Also, obese women reported the most pressure to engage in fat talk. Therefore, it is safe to



assume that regardless of their body shape and size, all women experience pressure to engage in fat talk. Nichter (2000) suggested that overweight women do not necessarily engage in fat talk as they do not want to draw attention to their bodies.

With regard to eating disorders, Ousley, Cordero and White (2008) discovered that participants with a self-reported eating disorder engaged more frequently in fat talk compared to those without an eating disorder. Despite this, undergraduate participants in this study were not immune to fat talk and regardless of the eating disorder, participants reported discussing other people's shape and appearance as one of the most common fat talk conversation topics. Since fat talk is a body-centric, social process, it is not uncommon for one to discuss others' physical appearance and body shape.

Ousley et al. (2008) found that eating disorders and eating pathology in general are more commonly found in individuals from the United States (U.S.), Western Europe, South Africa, and Australia, thus the phenomenon appears to be culturally bound. Fat talk and body dissatisfaction are so common among White women that is described as a way of "doing gender" (Gruys, 2012). Although the majority of the research regarding fat talk originates from the U.S., there is some international research. Payne, Martz, Tompkins, Petroff, and Farrow (2011) found that women from the U.S. had a greater exposure and pressure to engage in fat talk compared to their counterparts from the United Kingdom.

Lee, Taniguchi, Modica, and Park (2013) conducted a study researching the impact of viewing fat talk on Facebook among U.S. and Korean women. One hundred and thirty-seven Korean and one hundred and fifty-nine U.S. college women were chosen as participants. The results indicated that body satisfaction among Korean women who viewed an overweight woman engaging in fat talk was significantly

higher than those who viewed an underweight woman engaging in fat talk. No significant differences were observed for the U.S. participants. The majority of the research conducted with non-White females has generally focused on body dissatisfaction and not fat talk specifically. Grabe and Hyde (2006) found that White women were generally more dissatisfied with their bodies than non-White women. They also found that Latina and Black women may feel less pressure to be thin compared to White women. Similarly, body dissatisfaction was lower in Hispanic women when compared to European women (Warren, Gleaves, Cepeda-Benito, del Carmen Fernandez, & Rodriguez-Ruiz, 2005). Therefore, a culture that does not focus on the thin beauty ideal can act as a protective barrier against body dissatisfaction and eating disorders. According to Salk and Engeln-Maddox (2011), there is a positive relationship between fat talk and pressure to be thin. Therefore, if race can act as a protective factor for internalizing the thin ideal, it is plausible that it may act as a protective factor against fat talk.

Research studying the cultural differences in fat talk conversations is sparse. Research on fat talk conversations in Middle Eastern countries remains entirely undetermined at present.

### **1.3.2.2 Consequences of Fat Talk**

There are several maladaptive consequences of engaging in fat talk. According to Corning and Gondoli (2012), body image concerns and engagement in fat talk have a strong and positive relationship. Further, Rudiger and Winstead (2013) found that fat talk was negatively associated with body satisfaction and self-esteem and positively associated with disordered eating, depression, and body-related cognitive distortions. Also, Salk and Engeln-Maddox (2011) found a similar positive relationship between fat talk and body dissatisfaction in their sample of undergraduate female students.

They reported that the more often they engaged in fat talk, the more body dissatisfaction was reported.

Jones et al. (2014) found that recent exposure to fat talk resulted in current body dissatisfaction and depressed mood, including weight control, frequent body checking, and disordered eating in the following few hours. Also, participating in fat talk resulted in more frequent body checking behaviors when compared to merely listening to it.

### **1.3.2.3 Motivations of Fat Talk**

A wealth of research provides evidence of a relationship between fat talk and maladaptive outcomes (Salk & Engeln-Maddox, 2011; Nichter, 2000). The question arises why do women engage in fat talk?

According to Nichter (2000), there are multiple reasons. It serves both social and individual functions. Through fat talk, women can draw attention to their imperfections before others do, and express distressed emotions. Fat talk can also act as an apology for indulgence and can be used to seek support from peers and establish connections based on shared concerns. Women believe that indulging in fat talk makes them feel better about their bodies (Salk & Engeln-Maddox, 2011). These researchers also elicited responses from women about their attitudes towards fat talk, and both positive and negative reactions were identified. The most common reaction was relief as the participant expressed reassurance that she was not the only one who was feeling bad about her body. Other reactions include annoyance and feeling manipulated into reassuring and complimenting their peer's body. A small percentage of women identified fat talk as a chance to support their peers' emotions (Salk & Engeln-Maddox, 2011). Therefore, fat talk is used to promote social cohesion and establish connections between peers.

### **1.3.3 Benefits of Positive and Challenging Fat Talk**

Researchers have begun to identify the benefits of talking confidently and positively about one's body. There are several studies that also expose the benefits of challenging fat talk by others when faced with fat talk conversations. Self-degrading fat talk is not considered inviting and attractive whereas positive body talk generally is. According to Barwick, Bazzini, Martz, Rocheleau, and Curtin (2012), when one engages in positive body talk, one is seen as having more positive characteristics and qualities. They also found that women who challenge fat talk by responding with body positive comments were judged to be more liked by the female participants. Salk and Engeln-Maddox (2012) found that participants who heard a purely fat talk conversation were most likely to engage in fat talk and suffered significantly from body dissatisfaction and guilt. Whereas, those who heard the conversation that challenged fat talk had lower levels of body dissatisfaction and guilt. Therefore, listening to challenging fat talk may serve as a protective barrier against the negative impact of fat talk and the positive impacts of challenging fat talk appear to be promising.

According to Tucker, Martz, Curtin, and Bazzini (2007), those who witness positive body talk possess lowered levels of body dissatisfaction compared to those who witness neutral-talk and fat talk. Similarly, positive body talk is related to positive body satisfaction, high friendship quality, less body image distortion, and higher self-esteem (Rudiger & Winstead, 2013). Therefore, several eating disorder prevention programs have now incorporated education on how to challenge fat talk (Compeau & Ambwani, 2013).

### **1.3.4 Theoretical Explanations for Fat Talk**

There are several theories that give possible explanations as to why individuals

engage in fat talk. Self-objectification theory proposes that women are merely treated as bodies that exist for the pleasure of society and promotes a highly sexualized and unattainable idealized thin physicality (Fredrickson & Roberts, 1997). This continuous pressure from others leads women to view themselves as objects who are meant to be evaluated by others. Therefore, women need to constantly monitor and attend to their bodies.

There are two routes through which women internalize messages (Szymanski & Henning, 2007). The first route is indirect and subliminal. This route includes objectifying messages from media, family, peers and friends. The second route is direct and includes any victimizations of sexual abuse that one might endure, including sexual harassment, sexual assault and rape. Though sexual assault, sexual harassment or rape, women are treated as objects and therefore, they begin to see themselves as objects. These events get internalized and thus creating self-objectification (Szymanski & Henning 2007).

Fat talk may be considered as a form of self-objectification, where women bring attention to their appearance and provide negative commentary and express self-conscious dissatisfaction (Arroyo, 2014). These conversations further reinforce society's perception of what female bodies should look like and how to attain it. Arroyo, Segrin, and Harwood (2014) found a positive relationship between fat talk and self-objectification. They also found that both self-objectification and fat talk were positively related to drives for thinness, bulimia, body dissatisfaction, and depression, but was negatively associated with self-esteem. Therefore, engagement in fat talk preserves these negative views and reinforces them as normal, however, the substitution of fat talk with positive body talk similarly emphasizes the value of external self-worth.

Feminist theory can be used as an alternative to fat talk and can actively challenge fat talk conversations. A feminist is an individual who recognizes that discrimination against women exists, experiences a sense of shared fate with women as a group, and possesses a desire to work with others to improve women's status in society (Murnen & Smolak, 2009). Identifying as a feminist may serve as a protective factor against disturbances in body image. Feminist women challenge traditional gender roles that largely emphasize bodies, thinness and appearance in general (Mahalik, Morray, & Coonerty-Femiano, 2005). Murnen and Smolak (2009) found that there exists a strong relationship between positive body attitude and feminist identity. They also found that eating problems and feminist identity shared a significant negative relationship. According to Murnen and Smolak (2009), the adoption of a feminist perspective allows women to see that objectification and a drive for thinness are oppressive and should be resisted. They also predicted that if feminist women experience discrimination, they are unlikely to internalize the blame.

Hence, challenging fat talk through feminist-inspired principles that empower women to actively oppose body objectification and discouraging internalization of the thin-ideal may be an effective strategy for reducing fat talk (Ambwani, Baumgardner, Guo, Simms, & Abromowitz, 2017). The feminist inspired approach to fat talk is novel and thus, has not been frequently tested. In a sole study to do so, Ambwani et al. (2017) examined the functions of fat talk by assessing social perceptions of those who engage in such conversations and the impact of fat talk exposure on mood. The utility of feminist theory-inspired challenging fat talk scenarios as a viable conversational alternative for undergraduate female students was also assessed. They found that exposure to fat talk resulted in greater engagement in fat talk. The target character in the fat talk vignette was perceived as less likeable, and the scenario was less socially

acceptable. The participants who viewed the fat talk vignette experienced greater negative affect than those who viewed the challenging fat talk vignette. Finally, participants exposed to fat talk showed greater engagement in fat talk despite perceiving it as more negatively and experiencing worse moods. Ambwani et al. (2017) further suggest implementing feminist language and psychoeducation in fat talk prevention programs.

### **1.3.5 The Current Study**

#### **1.3.5.1 Purpose**

Fat talk is a common phenomenon among women of all ages, particularly among college-aged women (Salk & Engeln-Maddox, 2011; Salk & Engeln-Maddox, 2012; Nichter, 2000; Nichter & Vuckovic, 1994; Martz et. al., 2009). The purpose of the current study is to investigate women's reaction to fat talk and feminist inspired opposition to fat talk via experimental vignettes. This study is the first to assess fat talk and feminist-inspired theories to challenging fat talk among UAE college women.

#### **1.3.5.2 Hypotheses**

Fat talk occurs frequently in young women and the research in United Arab Emirates is scant. There is a pressure amongst young women to participate in fat talk and these disparaging conversations negatively impact body satisfaction.

Hypothesis 1: Participants exposed to fat talk will be more likely engage in fat talk as compared to those exposed to feminist inspired challenging fat talk scenario.

Hypothesis 2: Participants in the challenging fat talk condition will rate the behavior of the target character as more likeable, and experience decreased negative affect as compared to participants in the fat talk condition.

Hypothesis 3: Participants' post-exposure engagement in fat talk across both conditions will be predicted by higher levels of baseline body dissatisfaction and fat

talk tendencies, higher social likeability rating and higher negative affect.



## **Chapter 2: Methods**

### **2.1 Participants**

Participants (N=94) were undergraduate women from United Arab Emirates University (UAEU) majoring in Psychology. UAEU is a large public university in the United Arab Emirates. Participants were 18-23 years old and self-identified as Emirati and Muslim. The participants were randomly assigned to read either the fat talk or the challenging fat talk vignette. All the participants were given course credit in compensation for their time.

### **2.2 Measures**

#### **2.2.1 Demographic Information Sheet**

Participants self-reported their age, class year, height, weight, and relationship status (Appendix A).

#### **2.2.2 Body Mass Index**

Participants self-reported their weight in kilograms and height in centimeters that were used to calculate BMI.

#### **2.2.3 Negative Body Talk Scale (NBT; Engeln-Maddox, Salk, & Miller, 2012)**

The NBT is a 13-item self-report scale that assesses women's tendencies to engage in fat talk with their friends. Participants rate their responses on a 7-point Likert scale ranging from 1=never, and 7=always. The participants rate the frequency with which they make similar statements to those provided. Past research supports the internal consistency (Cronbach's  $\alpha = .93-.97$ ), test-retest reliability ( $r = .74$ ), and convergent, discriminant, and incremental validity of the NBT (Engeln-Maddox et al., 2012) (Appendix C).

#### **2.2.4 Negative Body Talk- Body Concerns Subscale, Modified (NBT-BC-M; Engeln-Maddox, Salk, & Miller, 2012)**

A modified version of the 7-item NBT-BC was used that assessed the likelihood of fat talk engagement after being exposed to the experimental vignettes. Higher scores denote greater engagement in fat talk. The original items were retained and only the instructions were modified whereby participants were asked to imagine that they were participating in the conversation provided to them. They were to indicate the likelihood that they would verbalize the fat talk statements on a 5-point Likert scale ranging from 1=not at all to 5=extremely. Past research supports the reliability of the NBT-BC subscale (test-retest,  $r=.68$  and Cronbach's  $\alpha=.88$ ) (Engeln-Maddox et al., 2012) (Appendix D).

#### **2.2.5 Eating Disorder Inventory – 2nd Edition – Body Dissatisfaction Subscale (EDI-BD; Gardner, 1991)**

EDI-BD is a 9-item subscale assessing women's dissatisfaction with their body. Participants rate the items on a 6-point scale ranging from 1=Never true to 6=Always true. Higher scores indicate higher body dissatisfaction. The EDI-BD has demonstrated good convergent validity ( $r=.82$ ) and excellent internal consistency (Cronbach's  $\alpha=.91$ ) (Brookings & Wilson, 1994) (Appendix B).

#### **2.2.6 Interpersonal Attraction Scale- Social Attraction Subscale (IAS; McCroskey, & Mc Cain, 1974)**

IAS-SA subscale is a 5-item self-report scale. Participants rated their responses on a 7-point Likert scale (1=Strongly disagree, 7=Strongly Agree) the extent to which they liked the target character. Higher scores indicate greater social likeability of the target character. The IAS-SA subscale had demonstrated good reliability (Cronbach's  $\alpha=.84$ ) (Appendix E).

### **2.2.7 Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988)**

PANAS is 20-item self-report that measures positive affect (PA) and negative affect (NA) on a 5-point scale (1=very slightly or not at all, 5=extremely). Participants rated the degree to which they experience the emotions specified after being exposed to the vignettes. The PANAS has previously been used to detect changes in emotion as a result of experimental manipulations in fat talk research (Salk & Engeln-Maddox, 2012) and demonstrated good reliability (Cronbach's  $\alpha=.85-.89$ ) (Appendix F). In the present study, only negative affect (NA) items were used.

### **2.2.8 Experimental Vignettes**

The two experimental vignettes that were used in this study were developed by Ambwani, Baumgardner, Guo, Simms, and Abromowitz (2017). They developed two short stories that illustrate some common elements from female students' informal communications with their peers. In the "fat-talk vignette" (Appendix G) both the characters make typical fat talk statements whereas in the "challenge vignette", (Appendix H) one of the two characters challenge the other's fat talk statements by offering a feminist-theory inspired statement. These conversations were modified to fit the cultural beliefs.

## **2.3 Procedure**

This was a two-part project and was advertised as a study on "conversations between undergraduate female students". A brief background information about the study, participant rights, and issues regarding confidentiality was provided. Participants then completed an informed consent form that was displayed on the screen and clicking to proceed was taken as consent to participate in the study. In Part I of the study, participants completed an online survey assessing demographic characteristics,

baseline body dissatisfaction, baseline fat talk engagement, and baseline mood. At least 1 week later, participants were invited to complete Part II via group sessions. Participants were randomly assigned to view either the fat talk vignette or the challenging fat talk vignette. They then completed the modified NBT-BC subscale to assess their subsequent fat talk engagement, followed by social likability of the target behavior, and mood. Finally, participants were debriefed and invited to ask any follow-up questions.

## **2.4 Data Analytic Plan**

All responses were input into Microsoft Excel and missing data was excluded. BMI for each participant was calculated. Statistical Package for Social Sciences (SPSS) was used to run descriptive analyses as well as correlations. Preliminary independent sample t-tests were conducted to assess the baseline group differences in demographic features, body dissatisfaction and fat talk engagement tendencies. One-way Analysis of Covariance (ANCOVA) was incorporated to assess the impact of the fat-talk and challenging fat-talk vignettes on subsequent fat talk engagement (NBT-BC). Baseline fat talk (NBT) and BMI were controlled. Two separate one-way ANCOVAs were also used to assess the impact of experimental condition on ratings for social likeability of the target character (IAS), and to assess the impact of experimental conditions on negative affect (PANAS-NA) at post-intervention. BMI and baseline fat talk (NBT) were controlled in all three analyses. Finally, a hierarchical regression analysis was conducted with baseline body dissatisfaction (EDI-2-BD), baseline fat talk tendencies (NBT), social attractiveness/likeability (IAS), and negative affect (PANAS-NA) as predictors of post-exposure fat talk engagement (NBT-BC-M) across both experimental conditions, also while controlling for BMI.

## Chapter 3: Results

### 3.1 Descriptive Statistics

Twelve participants were excluded from subsequent analyses for failing to complete the questionnaires, resulting in a final sample of 82 participants. A comparison of participants who completed the questionnaires ( $M=44.63$ ,  $SD=26.50$ ) versus those who did not ( $M=1.67$ ,  $SD=.49$ ) indicated no significant differences on BMI,  $t(10)=-.74$ ,  $p=.48$ ,  $d=.41$ , fat talk,  $t(9)=.40$ ,  $p=.11$ ,  $d=.28$ , and body dissatisfaction,  $t(8)=-.46$ ,  $p=.66$ ,  $d=.27$ .

Following randomization, the two subgroups were compared on a number of baseline variables; namely, Body Mass Index (BMI) ( $M=23.69$ ,  $SD=5.24$ ), body dissatisfaction ( $M=28.95$ ,  $SD=6.03$ ), and fat talk tendencies ( $M=46.17$ ,  $SD=17.59$ ). A series of paired sample t-tests were used to compare the means for each of these variables. Scores on BMI,  $t(80)=-1.35$ ,  $p=.18$ ,  $d=.29$ , baseline fat talk,  $t(79)=-1.09$ ,  $p=.28$ ,  $d=.25$ , and baseline body dissatisfaction,  $t(79)=-.61$ ,  $p=.55$ ,  $d=.13$ , did not significantly differ across the two conditions. One can therefore conclude that the two experimental groups were relatively equivalent at baseline. Table 1 illustrates descriptive statistics and the results of these t-test comparisons between these two groups at baseline.

Table 1: Descriptive statistics and t-test comparisons

			N	M	SD	SE	t	df	p
BMI		Fat talk condition	38	22.88	3.90	.63			
		Challenge condition	44	24.39	6.13	.92	-1.35	80	.18
Body dissatisfaction		Fat talk condition	38	28.51	6.68	1.08			
		Challenge condition	43	29.34	5.45	.83	-0.60	79	.55
Baseline fat talk		Fat talk condition	37	43.80	19.20	3.16			
		Challenge condition	44	48.17	16.07	2.42	-1.10	79	.28
Social likeability		Fat talk condition	37	14.57	4.28	.70			
		Challenge condition	43	16.76	4.20	.64	-2.30	78	.02
Negative affect		Fat talk condition	38	22.18	6.31	1.02			
		Challenge condition	41	22.44	7.07	1.10	-.20	77	.86

### 3.2 Correlational Analyses

A correlation matrix was used to examine the intercorrelations between BMI, baseline fat talk, body dissatisfaction, post exposure fat talk, social likeability of the target character and negative affect. Table 2 shows that BMI was correlated with baseline fat talk ( $r=.41, p=.01$ ), and post exposure fat talk ( $r=.32, p=.01$ ). Baseline fat talk was associated with post-exposure fat talk ( $r=.79, p=.01$ ) and negative affect

( $r=.42, p=.01$ ) whereas body dissatisfaction was correlated with post exposure fat talk ( $r=.22, p=.05$ ). Finally, post exposure fat talk was associated with negative affect ( $r=.37, p=.01$ ).

Table 2: Correlation among variables

	1	2	3	4	5	6
1 BMI						
2 Baseline fat talk	.41**					
3 Body dissatisfaction	.09	.15				
4 Post exposure fat talk	.32**	.79**	.22*			
5 Social likeability	-.02	.15	.07	.21		
6 Negative affect	.17	.42**	.1	.37**	.17	

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

### 3.3 Evaluation of Between Group Differences at Post-intervention

To evaluate the first hypothesis, a one-way analysis of covariance (ANCOVA) was conducted to assess the impact of experimental condition (fat talk/challenge vignette) on fat talk engagement (NBT-BC-M) at post-intervention. Baseline fat talk (NBT) and BMI were included as covariates in the analysis so as to control them. Results indicated that no significant difference was present between the two groups when fat talk engagement was examined,  $F(1,77) = 1.62, p > .05$ , partial  $\eta^2 = .02$  (see Table 3). For the second hypothesis, one-way ANCOVA assessed the impact of the experimental conditions on ratings for social attractiveness of the target character (IAS), while controlling for BMI and baseline fat talk (NBT). The between comparison was statistically significant,  $F(1,75) = 5.06, p < .05$ , partial  $\eta^2 = .63$  indicating that participants in the challenge condition consistently demonstrated higher IAS mean

ratings for the target character when compared to participants in the fat talk group. A one-way ANCOVA was also computed to assess the impact of the experimental conditions on negative affect (PANAS-NA) at post-intervention, also controlling for BMI and baseline fat talk (NBT). No significant difference was present between the fat talk and challenge conditions when negative affect was assessed,  $F(1,74) = .07$ ,  $p > .05$ , partial  $\eta^2 = .001$ . Table 3 illustrates that results of this series of between group comparisons at post-intervention.

Table 3: Differences in outcomes between experimental conditions at post-intervention

	M	SD	F	P	$\eta_p^2$
NBT-BC-M					
Fat talk condition	16.39	6.97	1.62	.21	.02
Challenge condition	17.78	6.95			
IAS					
Fat talk condition	14.53	4.33	5.06	.02	.63
Challenge condition	16.76	4.19			
PANAS-NA					
Fat talk condition	22.06	6.36	.07	.79	.001
Challenge condition	22.44	7.06			

Note. NBT-BC-M = Fat talk engagement; IAS = social attractiveness of target character; PANAS-NA = Negative affect; BMI, and baseline fat talk (NBT) scores were controlled in the above analyses.

### 3.4 Regression Analyses

For the third hypothesis, a hierarchical regression analysis was conducted with baseline body dissatisfaction (EDI-2-BD), baseline fat talk tendencies (NBT), social attractiveness/likeability (IAS), and negative affect (PANAS-NA) as predictors of post-exposure fat talk engagement (NBT-BC-M) across both experimental conditions, while controlling for BMI. The data met all the required assumptions for a regression analysis. The dependent variable (post-exposure fat talk engagement) and the



independent variables (baseline body dissatisfaction, baseline fat talk tendencies, social attractiveness/likeability, and negative affect) were all measured on a continuous scale. Figure 1 shows that the variance of the residuals is constant i.e., the data shows homoscedasticity. The Durbin-Watson statistic showed that the residuals are independent, as the obtained value was close to 2 (Durbin-Watson= 2.17) and there was a low level of multicollinearity present in the analysis ( $VIFs \leq 1.45$ ). The values of the residuals for the data are normally distributed (see Figure 2). Finally, the data showed no significant outliers as all Cook's distance statistic values were under 1.

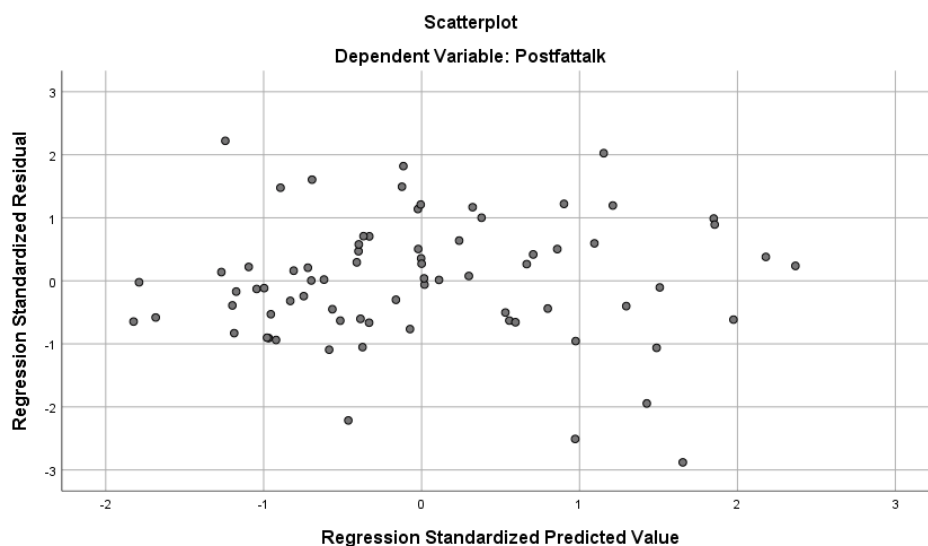


Figure 1: Homoscedasticity

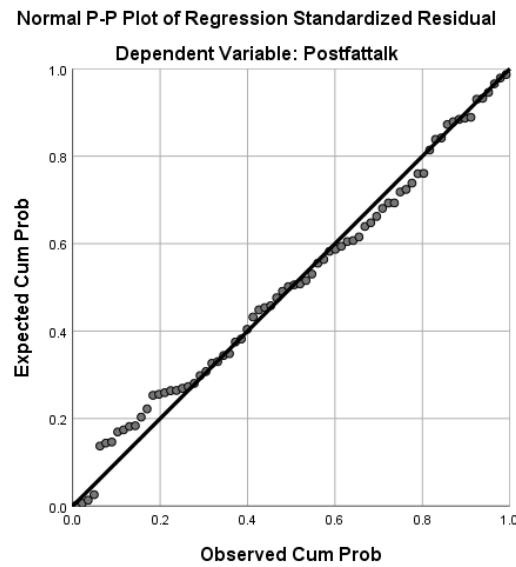


Figure 2: Normality of residuals

Results indicated that although baseline fat talk, significantly predicted post-exposure engagement in fat talk, body dissatisfaction, social likeability of the target character and negative affect did not significantly predict post-exposure engagement in fat talk (see Table 4).

Table 4: Hierarchical regression analysis predicting post-exposure fat talk

Predictor	$\beta$	$sr^2$	$R^2$	$\Delta R^2$	F
Model 1			.31		32.2
BMI*	.55	.55			
Model 2			.62	.31	22.4
BMI	.31	.28			
Baseline fat talk*	.58	.48			
Body dissatisfaction	.13	.13			
Social likeability	.09	.92			
Negative affect	-.1	-.46			

Note. BMI refers to participant body mass index.

\* $p < .05$

## **Chapter 4: Discussion**

### **4.1 Introduction**

Fat talk is harmful and pervasive in everyday life. It involves degrading the weight or body shape of others or oneself (Nichter, 2000). The purpose of the present study was to understand the functions of fat talk by evaluating the social perceptions of those who engage in these disparaging conversations and the impact of exposure to fat talk on mood. This study also assessed the utility of applying feminist-inspired principles toward breaking the cycle of fat talk among undergraduate female students. It was hypothesized that participants exposed to the fat talk scenario would be more likely to engage in fat talk as opposed to those exposed to the feminist-inspired challenging fat talk scenario (H1). It was also expected that participants in the challenging fat talk condition would rate the target behavior as more likeable and would experience decreased negative affect as compared to those in the fat talk condition (H2). Finally, higher levels of baseline body dissatisfaction, higher social likeability and fat talk tendencies would predict participants post-exposure engagement in fat talk across both conditions (H3).

### **4.2 Summary and Explanation of Results**

Contrary to the hypothesis, it was found that exposure to the feminist-inspired challenging fat talk vignette (versus exposure to the fat talk vignette) had no effect on subsequent fat talk engagement. This finding is somewhat surprising as previous research on fat talk studies shows that participants exposed to a fat talk vignette are more likely to engage in fat talk (Ambwani et al., 2017; Salk & Engeln-Maddox, 2012). There are a number of potential explanations for this result. One explanation may be in the methodology of the study. Although instructions were given to the

participants to read the vignettes provided carefully, there was no way to enforce such instruction and participants could have quickly moved on to the questionnaires directly. Another explanation would be the fact that participants did not know the women in the vignettes. Perhaps, viewing an actual friend engaging in fat talk would elicit a different response.

Eapen, Mabrouk, and Bin-Othman (2006), found that 66% of adolescent girls in the UAE have a desire to be thin and suffer from body dissatisfaction. Research on body dissatisfaction among Emirati women is abundant (Thomas, Khan, & Abdulrahman, 2010; Musaiger, Bin Zaal, & D'souza, 2012; Schulte, & Thomas, 2013) but studies on fat talk in the region are scant. Therefore, the findings of the present study are novel.

As expected, participants in the feminist-inspired challenging fat talk condition rated the target behavior as more likeable as compared to the fat talk condition. The feminist inspired fat talk vignette developed by Ambwani et al. (2017) differed from self-embracing body talk in that feminist-inspired conversations challenge internalization of the thin-ideal and body objectification by encouraging critical thinking as well as promoting connection to one's body (Piran, 2016). This redistributes attention to fitness, health, and other nonappearance-related aspects of the body to create a more holistic view of the body. It is reassuring that the participants rated the target character in the challenge vignette as more favorable. Feminist-inspired conversation could likely decrease fat talk and improve women's body image while simultaneously emphasizing the value of self-worth. This suggests that although women engage in fat talk, it is possible that there is a need among women to move away from these harmful conversations (Ambwani et al., 2017).

Even though participants rated the target behavior in the challenge condition as more likeable, they did not report a decrease in negative affect. This is inconsistent with a multitude of prior studies (Ambwani et al., 2017; Jones, Crowther, & Ciesla, 2014; Harper, & Tiggemann, 2008). One explanation for this inconsistency could be that although the PANAS is a well-validated scale, it is possible that the measure is not sensitive to detect experimental effects. Stice, Maxfield, and Wells (2003), found that social pressures to be thin does not increase negative affect.

It is important to note that baseline fat talk predicted post exposure fat talk tendencies across both conditions. Regardless of the experimental condition, pre-existing fat talk tendencies predicted engagement in fat talk. According to Barwick et al. (2012), fat talk has become so prevalent that it is now considered as a “normal” aspect of conversation. The present study found that women who participated in fat talk more often with peers were more likely to participate in fat talk even after the experimental manipulation. Consistent with the results of Ambwani et al. (2017), social likeability did not predict subsequent engagement in fat talk. Therefore, it is likely that women do not engage in fat talk because it is considered socially attractive. According to Shannon and Mills (2015), women may engage in fat talk because they assume that it is expected by others even though they may reject fat talk.

Additionally, Davis, Thake, and Vilhena (2010) found that, participants are likely to engage in socially desirable responding on self-report questionnaires by not responding honestly but rather by adhering to social norms. Research suggests that discussion of others’ physical appearance is the most common topic in fat talk (Ousley, Cedero, & white, 2008), indicating that people are generally aware of the appearance of others, and may engage in self-comparison behaviors (Compeau, 2011). Thus, it is plausible that participants compared their own appearance to the appearance of the

experimenter, and this may have led them to change their natural responses to the items.

### **4.3 Limitations**

Although this study offers important contributions to the limited research on fat talk, there are several limitations. First, since there is no standardized experimental manipulation of fat talk, the manipulations employed in this study are not empirically valid. Therefore, presenting fat talk merely through a vignette may not be a powerful manipulation for exposing participants to fat talk. Second, self-report measures were used to gather information from participants and were administered via an online survey, therefore it is likely that participants answered without carefully reading the instructions and items. Third, although the university is an English language institution and the student population is fluent in English, the fact that English is their second language cannot be neglected. Fourth, only female students were employed in the study. Lastly, the participants were all Emirati university students, hence the findings cannot be generalized to the broader UAE population.

### **4.4 Recommendations**

Future research on fat talk may focus on collecting data from a demographically diverse sample. Research examining fat talk among men is also necessary. Mellor, Fuller-Tyszkiewicz, McCabe, and Ricciardelli (2010) found that males too experience high levels of body dissatisfaction and appearance-related concerns. Hence, it is vital to include men in the fat talk literature. Next, developing a standardized manipulation of fat talk that can be used in an experimental setting would be helpful. Qualitative studies may be helpful to gain a more comprehensive insight into the topic. Standardized Arabic measures may possibly elicit more accurate results.

Finally, increasing the number of sessions and the duration of the vignettes along with additional components may be helpful in eliciting more accurate results.

There are several applications of the present study, for example, preventive and intervention programs in schools and universities educating adolescent and young females about the harmful effects of fat talk as well as urging them to combat fat talk through feminist theory would prove beneficial. Awareness programs in clinics and hospitals and promoting body positivity on social media can also be helpful.

## **Chapter 5: Conclusion**

Fat talk, as Salk and Engeln-Maddox (2011) defined it, is a conversation in which two or more people mutually degrade their own or someone else's body. These conversations are increasingly common and are associated with a number of consequences including increased dieting behaviors, drive for thinness, body dissatisfaction and even eating disorders.

The present study indicates that exposure to a feminist-inspired challenging fat talk vignette did not affect subsequent fat talk engagement. Also, participants reported the target behavior in the challenging fat talk condition as more likeable. Finally, the study shows that pre-existing fat talk tendencies predicted engagement in fat talk. Future research should be conducted to discover the possible impacts of viewing fat talk and challenging fat talk conversations. It should also include male participants so as to truly determine if gender could significantly affect body dissatisfaction and fat talk tendencies. To conclude, given the rates of eating disorders, current beauty standards, and rampant body dissatisfaction, more research examining the protective and preventive factors of fat talk conversations, and body dissatisfaction is needed.



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**Appendix A**

## Demographics Questionnaire

Age: \_\_\_\_\_

Relationship status:

Single

Married

Height\_\_\_\_\_ Weight\_\_\_\_\_

Years in University:

First year

Third year

More than 4 years

Second year

Fourth year

## Appendix B

### Eating Disorder Inventory- 2 (Body Dissatisfaction Subscale) (EDI-2-BD)

For each item, decide if the item is true about you ALWAYS (A), USUALLY (U), OFTEN (O), SOMETIMES (S), RARELY (R), or NEVER (N). Choose the letter that corresponds to your rating. For example, if your rating for an item is OFTEN, you would choose O for that item. Respond to all of the items, making sure that you circle the letter for the rating that is true about you.

1. I think that my stomach is too big.
2. I think that my thighs are too large
3. I think that my stomach is just the right size
4. I feel satisfied with the shape of my body
5. I like the shape of my buttocks
6. I think my hips are too big
7. I think that my thighs are just the right size
8. I think my buttocks are too large
9. I think that my hips are just the right size

## Appendix C

### Negative Body-Talk Scale (NBT)

When talking with your friends, how often do you say things like . . .

Remember, we're not interested in how often you have thoughts like this. Instead, we're interested in how often you say things like this out loud when you're with your friends. Even if you wouldn't use these exact words, we're interested in whether you say similar things (that mean the same thing) when you're with your friends.

1=Never; 2=Rarely; 3=Occasionally; 4=Sometimes; 5=Frequently; 6=Usually; 7=Always

1. I wish my body looked like hers.
2. I need to go on a diet
3. I feel fat
4. She has the perfect stomach
5. This outfit makes me look fat
6. Why can't my body look like hers?
7. She has the perfect body
8. I need to start watching what I eat
9. She's in such good shape
10. I wish I was thinner
11. I wish my abs looked like hers
12. I think I am getting fat
13. You never have to worry about gaining weight

## Appendix D

### Negative Body-Talk Scale (Body Concerns Subscale- Modified) (NBT-BC-M)

Instructions: Imagine you were participating in the conversation depicted in the vignette, indicate the likelihood that you would verbalize the statements.

1= Not at all; 2=Slightly; 3=Moderately; 4=Very; 5=Extremely

1. I need to go on a diet
2. I feel fat
3. This outfit makes me look fat
4. I need to start watching what I eat
5. I wish I was thinner
6. I think I'm getting fat
7. You never have to worry about gaining weight.



## Appendix E

### Interpersonal Attraction Scale (Social Attraction Subscale) (IAS-SA)

Instructions: Please indicate the degree to which you agree/disagree with the following statements as they apply to \_\_\_\_\_

Use the following and write one number before each statement to indicate your feelings.

7= Strongly Agree; 6= Moderately agree; 5= Slightly agree; 4= Undecided; 3= Slightly disagree; 2= Moderately disagree; 1= Strongly disagree

1. I think she could be a friend of mine.
2. It would be difficult to meet and talk to her
3. She just wouldn't fit into my circle of friends.
4. We could never establish a personal friendship with each other.
5. I would like to have a friendly chat with her.

## Appendix F

### The Positive and Negative Affect Schedule (PANAS)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then list the number from the scale below next to each word. Indicate to what extent you feel this way right now, that is, at the present moment *OR* indicate the extent you have felt this way over the past week (circle the instructions you followed when taking this measure).

1=Very slightly or Not at all; 2=A little; 3=Moderately; 4=Quite a bit; 5=Extremely

1. Interested
2. Distressed
3. Excited
4. Upset
5. Strong
6. Guilty
7. Scared
8. Hostile
9. Enthusiastic
10. Proud
11. Irritable
12. Alert
13. Ashamed
14. Inspired
15. Nervous
16. Determined
17. Attentive
18. Jittery
19. Active



## Appendix G

### Fat Talk Vignette

**Instructions:** You will now be presented with a dialogue between two women, K and A. Imagine that K and A are your close friends and that you feel comfortable expressing your personal thoughts and opinions with them. As you read their conversation, try to think about how you might respond to their comments.

**Scenario:** It's a Thursday evening mid-semester and K and A are hanging out in their dorm room talking about classes and school work. They begin to flip through a magazine as they discuss their plans for the upcoming weekend.

A: How were your midterms?

K: They went well, I think! I'm really liking that psychology course I decided to take last minute. You should definitely sign up for it next semester.

A: Yeah, I think I will. Is the professor a tough grader?

K: No, not really. You just need to get your reading done. Speaking of... I have so much reading to do this weekend that I don't think I'll be able to go to the party on Saturday.

A: Are you still going to the one tomorrow?

K: Yeah, I think so, I'm usually too drained to do any reading on Friday nights anyway. Do you know what you're wearing?

A: (picks up a magazine, opening it for K to see) Well I really don't know. I have the same dress that she's wearing so I was thinking of wearing that, but I don't think it looks very good on me.

K: Oh, I think that would look great on you!

A: I don't know. That model looks good in it because she's so skinny. I feel like my stomach looks huge in it and everything just bulges out in all the wrong places.

K: That's definitely not true! You're so skinny!

A: (Turns the page and points to a celebrity in the magazine). Well, at least my stomach doesn't look as pudgy as hers. Look how much weight she's gained! I hope I don't look like that! Ugh. Anyway, I've just been feeling so fat lately.

K: Oh, come on, A, you're definitely not fat. But I know what you mean because I've been feeling the same way.

A: Really?

K: Yeah, I mean every time I look in the mirror, I think about how flabby my thighs are, and I look so fat in these jeans, just look! Like seriously, I should probably start going to a class at the gym or something.

A: Oh, are you kidding me? Your jeans look great on you! But which gym class were you thinking of?

K: Maybe a spinning class? But it's stressful because a lot of the girls who go to spinning classes are super skinny. I wish I could look like that! But instead all of my weight goes to my thighs and my butt! Maybe I should try to do something different this time...

A: What do you mean?

K: Well, I really need to stop eating so much. Maybe I should go on a diet. I know it'll be hard, but I really need to do something if I want to fit into my skinny jeans again.

A: Yeah, I've been thinking about going on a diet too. Maybe then I wouldn't feel so fat.

## Appendix H

### Challenging Fat Talk Vignette

**Instructions:** You will now be presented with a dialogue between two women, K and A. Imagine that K and A are your close friends and that you feel comfortable expressing your personal thoughts and opinions with them. As you read their conversation, try to think about how you might respond to their comments.

**Scenario:** It's a Thursday evening mid-semester and K and A are hanging out in their dorm room talking about classes and school work. They begin to flip through a magazine as they discuss their plans for the upcoming weekend.

A: How were your midterms?

K: They went well, I think! I'm really liking that psychology course I decided to take last minute. You should definitely sign up for it next semester.

A: Yeah, I think I will. Is the professor a tough grader?

K: No, not really. You just need to get your reading done. Speaking of... I have so much reading to do this weekend that I don't think I'll be able to go to the party on Saturday.

A: Are you still going to the one tomorrow?

K: Yeah, I think so, I'm usually too drained to do any reading on Friday nights anyway. Do you know what you're wearing?

A: (picks up a magazine, opening it for K to see) Well I really don't know. I have the same dress that she's wearing so I was thinking of wearing that, but I don't think it looks very good on me.

K: Oh, I think that would look great on you!

A: I don't know. That model looks good in it because she's so skinny. I feel like my stomach looks huge in it and everything just bulges out in all the wrong places.

K: That's definitely not true! It's not fair to compare ourselves to those models.

A: (Turns the page and points to a celebrity in the magazine). Well, at least my stomach doesn't look as pudgy as hers. Look how much weight she's gained! I hope I don't look like that! Ugh. Anyway, I've just been feeling so fat lately.

K: Oh, come on, A. I used to say things like that too, but then I realized how bad it is for me.

A: Really?

K: Yeah, one day I was shopping for new jeans, and I just felt terrible about the way I looked in everything I tried on. Then I realized how happy I'd be if I could find a way to stop obsessing over how I look and focus on more important things instead.

A: Like what?

K: Like, I've been trying to focus more on how my body feels. Like at the game last week, my coach told me I had really improved this year and I realized that I was so proud of what my body could do. So, I think feeling healthy and happy with who I am as a person is so much more important than focusing on how I look.

A: That's really cool, K! But you know, it's just really hard to do.

K: Yeah, but if we could just focus on feeling good about ourselves instead of comparing our bodies all the time, I think we'd be happier. There are so many great things about you that are more important than the way you look!

A: Yeah, I get that, but I still think I need to go on a diet.